MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Proprietary Laboratory Analyses (PLA) codes represent proprietary laboratory services. The following codes may include a range of laboratory tests including, but not limited to multianalyte assays with algorithmic analyses (MAAA) and genomic sequencing procedures (GSP). MAAAs are procedures that utilize multiple results derived from assays of various types, including molecular pathology assays, fluorescent in situ hybridization assays and non-nucleic acid-based assays (for example, proteins, polypeptides, lipids, carbohydrates). Consistent with CPT® coding guidelines, when a PLA code is available, the specific PLA code takes precedence.				
0017M **Oncology (diffuse large b-cell lymphoma [dlbcl]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin embedded tissue, algorithm reported as cell of origin**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C83.30, C83.31, C83.32, C83.33, C83.34, C83.35, C83.36, C83.37, C83.38, C83.39	Once in a lifetime, except with valid TAR override	
0001U **Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported**	No	Ordered by hematologist/oncologist	N/A	
0003U **Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score**	No	The following ICD-10-CM diagnosis code is required on the claim: R19.09 Reimbursable for females who meet the following criteria: • 18 years of age or older and • Ovarian adnexal mass present for which surgery is planned, and not yet referred to an oncologist	Once in a lifetime, except with valid TAR override	

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CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
0016U **Oncology (hematolymphoid neoplasia), RNA, NCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C92.10 thru C92.12	Once per year	
0017U **Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report pf JAK2 mutation not detected or detected**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: D45, D47.1 or D47.3	Once per year	
0018U **Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy** *Continues*	Yes	The service requires a TAR with documentation of the following criteria: 1. The patient is under evaluation for thyroid nodules(s) and 2. The cytopathology result from fine needle aspiration is indeterminate, defined as one of the following: a. Follicular lesion of undetermined significance (FLUS), Bethesda III, or b. Atypia of undetermined significance (AUS), Bethesda III, or c. Follicular neoplasm, Bethesda IV And the diagnostic or treatment strategy will be contingent on test results.	Once-in-a-lifetime, except with valid TAR override	
Cont'd from above **0018U** **Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy**	Yes		Once-in-a-lifetime, except with valid TAR override	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
0022U **Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider.**	Yes	The service requires a TAR with documentation of the following criteria: • Patient has a diagnosis of non-small cell lung cancer (NSCLC). • Treatment is contingent on test results	Once in a lifetime, except with valid TAR override	
0023U **Oncology (acute myelogenous leukemia), DNA, gentotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin.**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C92.00 thru C92.02, C92.60 thru C92.62, C92.A0 thru C92.A2	Once per year	
0026U **Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")** *Continues*	Yes	The service requires a TAR. A TAR requires documentation of the following criteria: 1. The patient is under evaluation for thyroid nodule(s) and 2. The cytopathology result from fine needle aspiration is indeterminate, defined as one of the following: a. Follicular lesion of undetermined significance (FLUS), Bethesda III, or b. Atypia of undetermined significance (AUS), Bethesda III, or c. Follicular neoplasm, Bethesda IV And the diagnostic or treatment strategy will be contingent on test results	Once-in-a-lifetime, except with valid TAR override	
Cont'd from above **0026U** **Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of**	Yes		Once-in-a-lifetime, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
malignancy" or "Negative, low probability of malignancy").				
0027U **JAK2 (Janus kinase 2) (e.g., myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15.**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: D45, D47.1 or D47.3	Once per year	
0034U **TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(e.g., thiopurine metabolism), gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5).**	Yes	The service requires a TAR. A TAR requires documentation of the following criteria: • That the patient is undergoing thiopurine therapy, and • The patient has severe or prolonged myelosuppression	Once-in-a-lifetime, except with valid TAR override	
0035U **Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative** *Continues* *Cont'd from above* **0035U** **Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative**	Yes Yes	The service requires a TAR with documentation of the following criteria: 1. Rapidly progressive dementia with at least two out of the following four clinical features: a. Myoclonus b. Visual or cerebellar signs c. Pyramid/extrapyramidal signs d. Akinetic mutism 2. And a positive result on at least one of the following tests: a. Characteristic changes in an EEG (periodic sharp wave complexes) during an illness of any duration b. High signal in caudate/putamen in magnetic resonance imaging (MRI) brain scan or at least two cortical regions	Once-in-a-lifetime, except with valid TAR override Once-in-a-lifetime, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
		(temporal, parietal occipital) either on diffusion-weighted imaging (DWI) or fluid attenuated inversion recovery (FLAIR) 3. And routine investigations do not indicate an alternative diagnosis		
0037U **Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden.**	As Noted	A TAR is not required when the following criteria are met: • The patient has either recurrent, relapsed, refractory, metastatic or advanced stages III or IV cancer, and • The patient either has not been previously tested using the same Next Generation Sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only when a new primary cancer diagnosis is made by the treating physician, and • The decision for additional cancer treatment is contingent on the test results. A TAR is required for all other cancer diagnosis that are not advanced. Required Documentation: diagnosis and stage of malignancy and the chart notes, must show the medical necessity for this test for therapeutic decisions.	N/A	As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.
0040U **BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative**	No	The following ICD-10-CM diagnosis code is required on the claim: C92.10.	Once per year, except with valid TAR override	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
0046U **FLT3 (fms-related tyrosine kinase 3) (e.g., acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C92.00 thru C92.02, C92.60 thru C92.62, C92.A0 thru C92.A2	Once per year	
0047U **Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score** *(continues)*	Yes	The coverage policy for Gene Expression Profile (GEP) for prostate cancer is based on the 2019 American Society of Clinical Oncologist (ASCO) Guideline titled, "Molecular Biomarkers in Localized Prostate Cancer: ASCO Guideline. For identification of patients with prostate cancer who are most likely to benefit from active surveillance or treatment: • Coverage is limited to Oncotype Dx Prostate – Use PLA code 0047U The service requires a TAR with documentation of the following criteria: 1. The patient must have one of the following: a. Higher volume Grade Group 1 or b. Favorable intermediate risk (e.g., Grade Group 2, percentage of positive biopsy cores, 50 percent, and no more than one NCCN intermediate-risk factor) or c. Discordant features in their risk stratification (e.g., palpable mass with Grade Group 1) or d. Other features associated with progression while on active surveillance (e.g., high PSA density and certain germline or somatic	Once-in-a-lifetime, except with valid TAR override	
(continued from above) **0047U** **Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score**	Yes		Once-in-a-lifetime, except with valid TAR override	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
		mutations) or e. Unfavorable intermediate-risk when considering decisions to proceed with treatment (i.e. add androgen deprivation therapy to radiation). 2. Result of the test, when considered as a whole with routine clinical factors, is likely to influence the decision to proceed with surveillance or treatment. For post-prostatectomy patients who seek guidance on adjuvant vs. salvage radiation: 1. Coverage is limited to Decipher Genomic Classifier 2. Result of the test, when considered as a whole without routine clinical factors, is likely to affect treatment		
0049U **NPM1 (nucleophosmin) (e.g., acute myeloid leukemia) gene analysis, quantitative**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C92.00 thru C92.02, C92.60 thru C92.62, C92.A0 thru C92.A2	Once per year	
0050U **Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C92.00 thru C92.02, C92.60 thru C92.62, C92.A0 thru C92.A2	Once per year	
0058U **Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C4A.0, C4A.10 thru C4A.12, C4A.20 thru C4A.22, C4A.30 thru	Once-in-a-lifetime, except with	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
cell polyoma virus oncoprotein (small T antigen), serum, quantitative		C4A.39, C4A.51 thru C4A.59, C4A.60 thru C4A.62, C4A.70 thru C4A.72, C4A.8, C4A.9	valid TAR override	
0059U **Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C4A.0, C4A.10 thru C4A.12, C4A.20 thru C4A.22, C4A.30 thru C4A.39, C4A.51 thru C4A.59, C4A.60 thru C4A.62, C4A.70 thru C4A.72, C4A.8, C4A.9	Once-in-a-lifetime, except with valid TAR override	
0081U **Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C69.30 thru C69.32, C69.40 thru C69.42 Repeat testing requires chart notes that show results will direct treatment	Once per year, except with valid TAR override	
0084U **Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens**	No	Hematology must order	N/A	
0087U **Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score**	No	The following ICD-10-CM diagnosis code is required on the claim: Z94.1	Once per year	
0088U **Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue,**	No	The following ICD-10-CM diagnosis code is required on the claim: Z94.0	Once per year	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
algorithm reported as a probability score for rejection				
0120U **Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C83.30 thru C83.39, C85.20 thru C85.29	Once per year	
0154U **Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C67.0 thru C67.9	Once-in-a-lifetime, except with valid TAR override	
0155U **Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (e.g., breast cancer) gene analysis (i.e., p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y)**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C50.011 thru C50.929	Once-in-a-lifetime, except with valid TAR override	

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CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
0157U **APC (APC regulator of WNT signaling pathway) (e.g., familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C18.0 thru C18.9, D12.0 thru D12.9, K63.5, Z86.010	Once-in-a-lifetime, except with valid TAR override	
0158U **MLH1 (mutL homolog 1) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, except with valid TAR override	
0159U **MSH2 (mutS homolog 2) (e.g., hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, except with valid TAR override	
0160U **MSH6 (mutS homolog 6) (e.g., hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, except with valid TAR override	
0161U **PMS2 (PMS1 homolog 2, mismatch repair system component) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, except with valid TAR override	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
(List separately in addition to code for primary procedure)				
0162U **Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once-in-a-lifetime, except with valid TAR override	
0165U **Peanut allergen-specific quantitative assessment of epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy.**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: Z01.82, Z91.010 Repeat testing requires chart notes that show results will direct treatment.	Once per year except with valid TAR override with clinical justification	
0169U **NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (e.g., drug metabolism) gene analysis, common variants**	Yes	The service requires a TAR with documentation of the following criteria: • That the patient is undergoing thiopurine therapy, and • The patient has severe or prolonged myelosuppression.	Once-in-a-lifetime, except with valid TAR override	
0171U **Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C92.00, C92.01, C92.02, C92.10 thru C92.22, C95.10, D45, D46.0, D46.1, D46.20 thru D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z, D47.1, D47.3.	Once per year	
0172U **Oncology (solid tumor as indicated by the label), somatic mutation analysis of**	Yes	The service requires a TAR with documentation of the following criteria: 1. The patient has advanced ovarian,	Once-in-a-lifetime, except with	

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CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score		fallopian tube or primary peritoneal cancer and 2. Treatment is contingent on the result of the test	valid TAR override	
0177U **Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status**	Yes	The service requires a TAR with documentation of the following criteria: 1. The patient has confirmed diagnosis of breast cancer and 2. Treatment is contingent the result of the test	Once-in-a-lifetime, except with valid TAR override	
0178U **Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction.**	No	DX code Z91.01, CPT 95180 Ordered by Allergist TAR override if >50 /day above ICD-10 codes with clinical notes showing the medical necessity	50/day, except with valid TAR override	
0180U **Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/ convent-ional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyl-transferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons**	No	Ordered by hematologist	Once per year	
0181U **Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1**	No	Ordered by hematologist	Once per year	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
(aquaporin 1 [Colton blood group]) exon 1				
0182U Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	No	Ordered by hematologist	Once per year	
0183U Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	No	Ordered by hematologist	Once per year	
0184U Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	No	Ordered by hematologist	Once per year	
0185U Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	No	Ordered by hematologist	Once per year	
0186U Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	No	Ordered by hematologist	Once per year	
0187U Red cell antigen (Duffy blood group) genotyping (FY), gene analysis,	No	Ordered by hematologist	Once per year	

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CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2				
0188U Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	No	Ordered by hematologist	Once per year	
0189U Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	No	Ordered by hematologist	Once per year	
0190U Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	No	Ordered by hematologist	Once per year	
0191U Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	No	Ordered by hematologist	Once per year	
0192U Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	No	Ordered by hematologist	Once per year	
0193U Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette	No	Ordered by hematologist	Once per year	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
subfamily G member 2 [Junior blood group]) exons 2-26				
0194U **Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8**	No	Ordered by hematologist	Once per year	
0195U **KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)**	No	Ordered by hematologist	Once per year	
0196U **Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3**	No	Ordered by hematologist	Once per year	
0197U **Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1**	No	Ordered by hematologist	Once per year	
0198U **Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/ conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5**	No	Ordered by hematologist	Once per year	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
0199U **Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12**	No	Ordered by hematologist	Once per year	
0200U **Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3**	No	Ordered by hematologist	Once per year	
0216U **Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: G11.0, G11.3, G11.9, G11.10, G11.11, G11.19, R26.0, R27.0.	Once per year except with valid TAR override	
0217U **Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: G11.0, G11.3, G11.9, G11.10, G11.11, G11.19 R26.0, R27.0.	Once per year, except with valid TAR override	
0218U **Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions,**	Yes	The service requires a TAR with documentation of the following criteria: • Patient has a clinical diagnosis of	N/A	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants		dystrophinopathy based on the history, physical examination and elevated creatinine kinase (CK) level and • Result of the DMD (dystrophin) deletion or duplication is negative		
0219U **Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: B20, Z21. TAR override with above ICD 10 and Clinical notes showing medical necessity for repeat testing	Once per year, except with valid TAR override	
0221U **Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene**	No	Ordered by hematologist	Once per year	
0222U **Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3**	No	Ordered by hematologist	Once per year	
0230U **AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome**	Yes	The service requires a TAR with documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for bulbar	Once in a lifetime	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions		muscular atrophy, and • The patient requires the service as a confirmatory test for spinal and bulbar muscular atrophy		
0231U **CACNA1A (calcium voltage-gated channel subunit alpha 1A) (e.g., spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions**	Yes	The service requires a TAR with documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for Episodic ataxia type 2 (EA2), and • The patient requires the service as a confirmatory test for EA2	N/A	
0232U **CSTB (cystatin B) (e.g., progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions**	Yes	The service requires a TAR with documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for myoclonic epilepsy type 1 and requires the service as a confirmatory test for myoclonic epilepsy type 1, and • Treatment will be contingent on test results	Once in a lifetime	
0233U **FXN (frataxin) (e.g., Friedreich ataxia), gene analysis, including small**	Yes	The service requires a TAR with documentation of the following criteria: • The patient has clinical signs or	Once in a lifetime	

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CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions		symptoms suspicious for Friedreich ataxia (FRDA), and • The patient requires the service as a confirmatory test for FRDA		
0234U **MECP2 (methyl CpG binding protein 2) (e.g., Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions**	Yes	The service requires a TAR with documentation of the following criteria: • The patient has clinical signs or symptoms suspicious for Rett syndrome, and • The patient requires the service as a confirmatory test for Rett syndrome	Once in a lifetime	
0235U **PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions** *(continues)*	Yes	The service requires a TAR with documentation of the following criteria: 1. Individual with a personal history of: a. Bannayan-Riley-Ruvalcaba syndrome, or b. Adult Lhermitte-Duclos disease, or c. Autism spectrum disorder AND macrocephaly, or d. Two or more biopsy-proven trichilemmomas, or e. Two or more major criteria (one macrocephaly), or f. Three major criteria without macrocephaly, or g. One major and three or more minor criteria, or h. Four or more minor criteria (please see list of major and minor criteria below) 2. At-risk individual a. With a relative who has a clinical diagnosis of Cowden syndrome or b. Bannayan-Riley-Ruvalcaba syndrome for whom testing has not been performed	N/A	
(continued from above) **0235U**	Yes		N/A	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions		AND who has any one major criterion or two minor criteria **<u>Clinical Criteria:</u>** Major Criteria • Breast Cancer • Mucocutaneous lesions • One biopsy-proven trichilemmoma • Multiple palmoplantar keratosis • Multifocal or extensive oral mucosal papillomatosis • Multiple cutaneous facial papules (often verrucous) • Macular pigmentation of glans penis • Macroencephaly (megalocephaly, ie, $\geq 97^{th}$ percentile) • Endometrial cancer • Non-medullary thyroid cancer • Multiple GI tract hamartomas or ganglioneuromas **Minor Criteria** • Other thyroid lesions (adenoma, nodule, goiter) • Mental retardation (IQ ≤ 75) • Autism spectrum disorder • Single GI tract hamartoma or ganglioneuroma • Fibrocystic disease of the breast • Lipomas • Fibromas • Renal cell carcinoma • Uterine fibroids		
0236U **SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of**	Yes	The service requires a TAR. One of the following ICD-10-CM diagnosis	Once in a lifetime,	

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
motor neuron 2, centromeric) (e.g., spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions		codes is required on the claim: O09.00 thru O09.93, Z31.430, Z31.440, Z34.00 thru Z34.03, Z34.80 thru Z34.83,]Z34.90 thru Z34.93.	except with valid TAR override	
0237U **Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1,** **RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions**	Yes	The service requires a TAR. The TAR must document a copy of the report of the physician interpreted 12-lead electrocardiogram (ECG) with pattern consistent with or suspicious for prolonged QT interval. The TAR must also have clinical documentation of one or more of the following: 1. Torsade de pointes in the absence of drugs known to prolong QT interval 2. T-wave alternans 3. Notched T-wave in three leads 4. Syncope 5. Family members with long QT syndrome 6. Sudden death in family members less than 30 years of age without defined cause	Once in a lifetime, except with valid TAR override	
0238U **Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C17.0 thru C20, C24.0 thru C25.9, C54.0 thru C54.9, C65.1 thru C66.9, C71.0 thru C71.9, D23.0 thru D23.9, Z80.0, Z80.49, Z85.030, Z85.038, Z85.040, Z85.048, Z85.42	Once in a lifetime	
0239U **Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes,**	Yes	The service requires a TAR. A TAR requires documentation of the following criteria: 1. The patient has a diagnosis of either:	N/A	

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CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations		− Non-small cell lung cancer (plasma), or − Metastatic castrate resistant prostate cancer 2. And treatment is contingent on the test result.		
0242U **Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements**	Yes	The service requires a TAR with documentation of the following criteria: • Patient has diagnosis of either − Non-small cell lung cancer, or − Hormone receptor-positive, Human Epidermal Growth Factor Receptor 2 (HER2)-negative breast cancer • Treatment is contingent on test result	Once in a lifetime	
0244U **Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue** *Continues* *Cont'd from above*	As Noted	The service may require a TAR For Somatic Testing (tumor) when specific testing is aimed at identifying therapeutic targets, a TAR is not required when: • The patient has either recurrent, relapsed, refractory, metastatic or advanced stages III or IV cancer, and • The patient either has not been previously tested using the same Next Generation Sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only when a new primary cancer diagnosis is made by the treating physician, and • The decision for additional cancer treatment is contingent on the test results. For somatic testing in the setting of cancers at	N/A	As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer. As per APL 22-010 Cancer

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
0244U **Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue**	As Noted	stage 1 -2, TAR is required to include the diagnosis, stage and chart notes to show how results will direct treatments <u>For Germline Testing a TAR is required with the following documentation:</u> • Ovarian or breast cancer; and • Clinical indication for germline (inherited) testing for hereditary breast or ovarian cancer (ie, American College of Obstetrician and Gynecologists' criteria for further genetic evaluation for hereditary (germline) breast and ovarian cancer) and • A risk factor for germline (inherited) breast or ovarian cancer; and (BRCAPRO, Myriad, Claus, Boadicea, or Tyrer Cuzick) and • Has not been previously tested with the same germline test using NGS for the same germline genetic content.	N/A	Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.
0245U **Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage** *Continues* *Cont'd from above*	Yes Yes	The service requires a TAR A TAR requires documentation of the following criteria: 1. The patient is under evaluation for thyroid nodule(s) 2. The cytopathology result from fine needle aspiration is indeterminate, defined as one of the following: a. Follicular lesion of undetermined significance	Once in a lifetime	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
0245U **Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage**		(FLUS), Bethesda III, or b. Atypia of undetermined significance (AUS), Bethesda III, or c. Follicular neoplasm, Bethesda IV. 3. And the diagnostic or treatment strategy will be contingent on test results	Once in a lifetime	
0246U **Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens**	No	Ordered by hematologist	Once	
0268U **Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid**	Yes	The service requires a TAR with documentation of the following criteria: 1. The patient has clinical signs of symptoms for atypical hemolytic uremic syndrome (aHUS), and 2. The patient requires the service as a diagnostic test for aHUS	Once in a lifetime	
0269U **Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid**	Yes	The service requires a TAR A TAR requires documentation of the following criteria: 1. The patient has clinical signs of symptoms suspicious for autosomal dominant congenita thrombocytopenia, and 2. The patient requires the service as a diagnostic test for autosomal dominant congenital thrombocytopenia	Once in a lifetime	
0271U	No	One of the following ICD-10-CM diagnosis codes is required on the claim:	Once in a lifetime, except with	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid		D70.0, D70.1, D70.2, D70.3, D70.4, D70.8, and D70.9. TAR over-ride allowed for ICD-10 codes	valid TAR override	
0276U **Genomic sequence analysis of 42 genes for detection of abnormalities associated with inherited thrombocytopenia (low platelet count)**	Yes	The service requires a TAR A TAR requires documentation of the following criteria: 1. The patient has clinical signs or symptoms suspicious for inherited thrombocytopenia, and 2. The patient requires the service as a diagnostic test for inherited thrombocytopenia	Once in a lifetime	
0282U **Red blood cell antigen typing, dna, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes**	No	Ordered by hematologist	Once per year	
0286U **CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants**	Yes	The service requires a TAR A TAR requires documentation of the following criteria: • That the patient is undergoing thiopurine therapy, and • The patient has severe or prolonged myelosuppression	N/A	
0287U **Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of**	Yes	The service requires a TAR. A TAR requires documentation of the following criteria: 1. The patient is under evaluation for thyroid nodule(s), and 2. The cytopathology result from fine needle aspiration is indeterminate, defined as one	N/A	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
cancer recurrence, reported as a categorical risk result (low, intermediate, high)		of the following: a. Follicular lesion of undetermined significance (FLUS), Bethesda III, or b. Atypia of undetermined significance (AUS), Bethesda III, or c. Follicular neoplasm, Bethesda IV. 3. And the diagnostic or treatment strategy will be contingent on test results		
0314U **Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant**	Yes	Ordered by Dermatology or Oncologist ICD-10 C43 and clinical notes showing medical necessity for repeat testing	One unit per day, except with valid TAR override	
0326U **Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden**	Yes	A TAR is required for malignancy diagnosis. Clinical information must be submitted showing diagnosis, staging and medical necessity where the treatment is directed by the results.	Once after recurrence, MORE frequently if there is a recurrence or progression with TAR override for medical necessity where treatment is directed by results	NCCN guideline recommendations will be reviewed for medical necessity As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
				authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.
0327U **Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed**	Yes	A TAR is required with clinical information indicating pregnancy and not previously tested in this pregnancy.	Once per pregnancy, consider repeat with TAR override for medical necessity showing indication for repeat testing and treatment is directed by results	Reimbursement will be limited to one of the following Noninvasive Prenatal Tests per pregnancy: PLA code 0327U or CPT code 81420 or CPT code 81507. Concurrent or repeat use of these services during the same pregnancy is not covered unless there is documentation of medical necessity.
0329U **Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations**	Yes	A TAR is required with documentation of the following criteria: For Somatic Testing • The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and • The patient either has not been previously tested using the same Next-Generation Sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only occurs when a new	Once per year and /or after recurrence or progression with TAR override for medical necessity where treatment is directed by results	NCCN guideline recommendations will be reviewed for medical necessity As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
		primary cancer diagnosis is made by the treating physician, and The decision for additional cancer treatment is contingent on the test results.		considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.
0333U **Oncology (liver), surveillance for hepatocellular carcinoma (hcc) in highrisk patients, analysis of methylation patterns on circulating cell-free dna (cfdna) plus measurement of serum of afp/afp-l3 and oncoprotein des-gammacarboxy-prothrombin (dcp), algorithm reported as normal or abnormal result**	Yes	TAR Required with Dx of High risk for hepatocellular carcinoma, notation that standard surveillance AFP and imagining is insufficient or inconclusive and subsequent treatment options contingent on results	Once in a lifetime	Of note this testing is NOT supported in the 2023 NCCN guidelines
0334U **Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin embedded (ffpe) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden**	Yes	A TAR is required with documentation of the following criteria: For Somatic Testing • The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and • The patient either has not been previously tested using the same Next-Generation Sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the	Once in a lifetime	NCCN guideline recommendations will be reviewed for medical necessity As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA

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CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
		same NGS test only occurs when a new primary cancer diagnosis is made by the treating physician, and • The decision for additional cancer treatment is contingent on the test results.		approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.
0339U **Oncology (prostate), mrna expression profiling of hoxc6 and dlx1, reverse transcription polymerase chain reaction (rt-pcr), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C61, D07.5. Allow TAR/SAR override.	Once in 36 months, except with valid TAR override	
0341U **Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid**	Yes	TAR required with Prenatal Care diagnosis and clinical information showing medical necessity including explanation of why the covered code 0327U cannot be used	Once per pregnancy	
0359U **Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer**	No	Reimbursable for males who meet the following criteria: • 40 years of age or older • One of the following ICD-10-CM diagnosis codes is required on the claim: N40.0, N40.1, N40.2, N40.3, Z12.5, Z80.42	Twice per year, except with valid TAR override	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
0364U Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (pcr) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (mrd) with quantitation of disease burden, when appropriate	No	One of the following ICD-10-CM diagnosis codes is required on the claim: C90.00, C90.01, C90.02, C91.00, C91.01, C91.02, C91.10, C91.11, C91.12.	N/A Allow TAR override	
0369U Infectious agent detection by nucleic acid (dna and rna), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	No	TAR Diagnosis of Gastrointestinal infection and documentation showing that testing is required to direct treatment	Once per year, except with valid TAR override	
0371U Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogen, semiquantitative identification, dna from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qpcr), urine	Yes	TAR required with diagnosis of Urinary Tract infection and documentation showing that testing is required to direct treatment	N/A	
0372U Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	Yes	Documentation of genitourinary tract infection and risk for antibiotic resistance ICD 10 Z16, Z16.24	N/A	
0373U Infectious agent detection by nucleic acid (dna and rna), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16	Yes	Documentation of respiratory tract infection and risk for antibiotic resistance ICD 10 Z16, Z16.24	Two times per year,	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen			except with valid TAR override	
0374U **Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine**	Yes	Documentation of genitourinary tract infection and risk for antibiotic resistance	N/A	
0378U **Rfc1 (replication factor c subunit 1), repeat expansion variant analysis by traditional and repeat-primed pcr, blood, saliva, or buccal swab**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: G11.0, G11.2, G11.3, G11.4, G11.8, G11.9, G11.10, G11.11, G11.19, G32.81, G60.2, G80.4, R26.0, R27.0.	Once in a lifetime, except with valid TAR override	
0379U **Targeted genomic sequence analysis panel, solid organ neoplasm, dna (523 genes) and rna (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden**	Yes	A TAR is required with documentation of the following criteria: For Somatic Testing • The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and • The patient either has not been previously tested using the same Next-Generation Sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only occurs when a new primary cancer diagnosis is made by the treating physician, and The decision for additional cancer treatment is contingent on the test results.	Once in a lifetime, except with valid TAR override	NCCN guideline recommendations will be reviewed for medical necessity As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
				prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.
0381U **Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (lc-ms/ms)**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: E71.0, E71.2	Allow TAR override for tests of more than 20 per year with documentation demonstrating medical need for more frequent testing	
0382U **Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (lc-ms/ms)**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: E70.0 and E70.1	N/A Allow TAR override	
0383U **Tyrosinemia type i monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (lc-ms/ms)**	No	One of the following ICD-10-CM diagnosis codes is required on the claim: E70.20, E70.21, E70.29	N/A Allow TAR override	

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
0388U **Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection**	Yes	TAR requires documentation of the following criteria: • The patient has a diagnosis of non-small cell lung cancer • The patient is medically unable to undergo invasive biopsy or tumor tissue testing is not feasible • Management is contingent on the test results	Once in a lifetime, except with valid TAR override	
0391U **Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score**	Yes	A TAR is required with documentation of the following criteria: For Somatic Testing • The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and • The patient either has not been previously tested using the same Next-Generation Sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only occurs when a new primary cancer diagnosis is made by the treating physician, and • The decision for additional cancer treatment is contingent on the test results.	Once in a lifetime, except with valid TAR override	NCCN guideline recommendations will be reviewed for medical necessity. As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
0409U **Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability**	Yes	A TAR is required with documentation of the following criteria: • The patient has a diagnosis of non-small cell lung cancer, and • The patient is medically unable to undergo invasive biopsy or tumor tissue testing is not feasible, and • Management is contingent on the test results	Once in a lifetime except with valid TAR override	
0448U **Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options**	Yes	A TAR is required with documentation of the following criteria: • The patient has been diagnosed with either non-small cell lung cancer (NSCLC) or colorectal cancer, and • Management is contingent on the test results	Once in a lifetime except with valid TAR override	
0471U **Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations**	Yes	A TAR is required with documentation of the following criteria: • The patient has been diagnosed with colorectal cancer, and • Management is contingent on the test results	Once in a lifetime except with valid TAR override	
0473U **Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy**	Yes	A TAR is required with documentation of the following criteria: <u>For Somatic Testing</u> • The patient has recurrent, relapsed, refractory, metastatic or advanced stage III or IV cancer, and	Once in a lifetime except with valid TAR override	NCCN guideline recommendations will be reviewed for medical necessity. As per APL 22-010 Cancer Biomarker Testing (06/22/2022), no prior authorization is required for cancer biomarker testing for

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
number variants, rearrangements, microsatellite instability, and tumor-mutation burden		• The patient either has not been previously tested using the same Next-Generation Sequencing (NGS) test for the same primary diagnosis of cancer or repeat testing using the same NGS test only occurs when a new primary cancer diagnosis is made by the treating physician, and • The decision for additional cancer treatment is contingent on the test results. Independent of the above criteria, somatic testing may be approved if the test is approved by the U.S. Food and Drug Administration (FDA) as a companion diagnostic device, and the decision for additional treatment is contingent on the test results.		members with advanced or metastatic stage 3 or 4 cancer for whom an FDA approved treatment is considered. The intent is to remove barriers for members with late-stage cancer. Although no prior authorization is required, a prepayment review after the service has been provided may review the submitted documents to ensure that the records reflect advanced or metastatic stage 3 or 4 cancer.
0475U **Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer**	Yes	A TAR requires documentation of the following criteria: <u>For Germline Testing</u> • The patient has prostate cancer, and • The patient has a clinical indication for germline (inherited) testing for hereditary cancer (e.g., NCCN Guidelines for Prostate Cancer), and • The patient has a risk factor for germline (inherited) cancer (e.g., NCCN Guidelines for Prostate Cancer), and • The patient has not been previously tested with the same germline genetic content.	Once in a lifetime except with valid TAR override	
0488U **Obstetrics (fetal antigen noninvasive prenatal test), cell-free dna sequence analysis for detection of fetal presence or**	Yes	A TAR requires documentation of the following criteria: <u>For fetal RhD status</u>	N/A	Reimbursement will be limited to once per pregnancy.

MCUP3131-C Proprietary Lab Analyses Requirements: Providers should refer to the CPT or HCPCS code book, as appropriate, for full code descriptions.

CPT Code Description	PHC TAR Required	TAR and/or Billing Requirements	Frequency Limit	BENEFIT COMMENTS
absence of 1 or more of the rh, c, c, d, e, duffy (fya) or kell (k) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected		• The patient is currently pregnant, and • The pregnant patient is RhD negative, and • The pregnant patient has not been tested with another cell-free DNA test for fetal RhD status during the same pregnancy. <u>For fetal status of non-RhD red blood cell (RBC) antigens</u> • The patient is currently pregnant, and • The pregnant patient has alloantibodies to one or more non-RhD RBC antigens, and • The paternal non-RhD RBC antigen status is either heterozygous or unknown, and • The pregnant patient has not been tested with another cell-free DNA test to determine fetal status of non-RhD RBC antigens during the same pregnancy.		
0494U **Red blood cell antigen (fetal rhd gene analysis), next-generation sequencing of circulating cell-free dna (cfdna) of blood in pregnant individuals known to be rhd negative, reported as positive or negative**	Yes	A TAR is required with documentation of the following criteria: <u>For fetal RhD status</u> • The patient is currently pregnant, and • The pregnant patient is RhD negative, and • The pregnant patient has not been tested with another cell-free DNA test to determine fetal RhD status during the same pregnancy.	N/A	Reimbursement will be limited to once per pregnancy, unless there is documentation of medical necessity.